\_\_YES \_\_\_\_NO

			(D)
File with: lowa Ethics and Campaign Disclosure Board 510 E. 12 <sup>th</sup> , Ste. 1A	Reset Form		A ETHICS AND STATE BY
Des Moines, Iowa 50319 Fax: 515-281-4073	FOR INSTRUCTIONS, DISCLOSURE SU		2008 OCT 27 AM 8: 54
COMMITTEE NAME (Must be FRAISE	same as on Statement of Organiza FDR- 5EN	ATE	FORM DR-2 DISCLOSURE
(1)Statewide/Legislative/Judge S	of committee you are reporting for: Standing for Retention Candidate (2)St 5)County Candidate (6)City Candidate by PAC (9)City PAC (10)School Board	: { 7 }School Board or Other Politica	(Rev. 07/2007) REPORT  For Office Use Only Comm. #
CANDIDATE COMMITTEES Candidate Name EUGEVE Office Sought	ONLY: FRAISE	Political Party (if applicable)  DENIOCRA  District (if Senate or House)	Logged In Scanned ComputerAudited
		40	
ate reports are subject to possi	ble civil and criminal penalties. Pursua	int to lowa Code sections 68B.32/	A(7) and 68A.401(3), the candidate, for a
7/2000	1 Serramen	ZA-835-193	0 10-19-8
MENATURE OF PERSON FIL	ING REPORT	TELEPHONE	DATE SIGNED
AM FILING A	eport date)	_REPORT FOR (1) ELECTION Indicate by	
CHECK IF AMENDMENT T	O REPORT DATED	7-8	Local Committees, enter Date of Election
	ation) report and attach Notice of Di o file reports until a DR-3 is filed.)	issolution Form DR-3.	County & Local Committees, enter County in which Election is held
STATEM	ENT OF CASH ON HAND		
committee. This amo	ning of the reporting period. (Total out) ount MUST be the same as the cast period or must be zero if this is first r	h on hand at the end	
	Y TAKEN IN THIS PERIOD		107574
Schedule A: Cash C	contributions total (Attach Schedule	A) (*also see in-kind below)	1013.27
Schedule F: Loans !	Received total (Attach Schedule F).		
Schedule H: Total S	sales of Campaign Property (Attach	Schedule H)	
(Schedule I	H applies to Candidates' Committ	t <u>ees Only)</u> SUB-TOTAL	124 00
SUBTRACT TOTAL	MONEY SPENT THIS PERIOD		171/20
Schedule B: Expend	ditures total (Attach Schedule B) (**a	also see debts and loans below)	1/4,00
Schedule F: Loan R	epayments total (Attach Schedule F	=)	

CASH ON HAND at the end of this reporting period (if final report balance must be zero) .......\$ \*\*UNPAID BILLS (From Schedule D - Attach Schedule D)......\$ \*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)......\$ \*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)......\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

CANDIDATE COMMITTEES ONLY:

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN** 

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

FRAISE FOR SENATE

SCHEDULE A (Rev. 07/03)	MONETARY RÉCEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC 1D NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE <sup>a</sup> (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME	
1/2/8	ID# CK#	J. WEBER 3313 HWY 8 DYSART, IA 52224 MUNISANTO CITILENSHIP FUND 800 N. WNDBURGH BLVD		25000		NO chanc
1/13/8	ID# 8028 CK# 2337	MONSANTO CITIZENSHIP FUND 800 N. WINDBURGH BLYD ST. LOUIS. MO 63167		5000		AND E
1/4/8	ID# 9737 CK# 1102	ST. LOUIS, MO 63/67  TA. HARNESS HORSEMAN'S ASSN- P.O BOX 107  GRINNELL, IA 50/12		150°		MANE ON LO
2/30/1	ID# 9698 CK# 60/	GRINNELL, IA GOIIZ IAAMB-PAC 4949 WESTOWN PRKWY SI W. DES. MOINES, IA 50266	E 165-111 -8702	15000		
	ID# CK#	BANK INTEREST		25 24		NO
	ID#	20				
	ID#	acolles.		2008	CAMP	1
	ID#	KING KON		0012		
	ID#			AMII	SCLOSU SCLOSU	
	ID# CK#			20	Bd.	
		TOTAL (if last page	SUB-TOTAL of this schedule)	s/075.24 s1075.24		

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule A)

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these Form File will: lowe Ethics and Cam IA ETHICS AMI closure Board Fax WIRE bu. 510 E. 12<sup>th</sup>, Ste. 1A FOR INSTRUCTIONS, SEE BACK OF FORM Dec Moingo, Josep 50319 Fax: 515-261-4073 2008 MAY 19 AM 8: 54 DISCLOSURE SUMMARY PAGE COMMITTEE NAME (I NORM DR-2 DISCLOSURE 07/2007) REPORT tovide/Legislative/Judge Standing for Retaction Candidate (2) State PAC (3) State Party unity Cantral Committee (5) County Candidate (6) City Conditate (7) School Reard or Other Political Candidate (8) County PAC (9) City PAC (10) School Reard or Other Political Subdivision (10) School Reard Other Political School Reard (10) Schoo 11) Local Balk CANDIDATE COMMITTEES ONLY: Political Party (if applicable) Candidate Name uaene Office Sought Dictrict (# Senate or House) Late reports are subject to possible civil-and estiminal penalties. Pursuant to lower Code sections 688.32A(7) and 684, 401(3), the candidate, for 8 emon 1 amer ΕĐ NATURE OF PER -1908 REPORT FOR (1) ELECTION /(2)NON-B LECTION YEAR. I AM FILING A Indicate by # Local Committees, order Date of Election CHECK IF AMENDMENT TO REPORT DATED County & Latest Committees, enter County in which Election is held Check if this is final (termination) report and attack Notice of Dis (You must continue to the reports with a DR-3 is filed.) STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount SEUST be the earne at the cash on hand at the end of the last reporting period or must be zero if this is first report fled.) ..... ADD TOTAL MONEY TAKEN IN THIS PERSOD Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-land below) .. Schedule F: Loans Received total (Attach Schedule F)..... Schedule H: Total Spice of Campaign Property (Attach Schedule H). (Behadulo H cooling to Condidates' Commisses Only) SUB-TOTAL SUBTRACT TOTAL MONEY SPERT THIS PERIOD Schedule B: Expenditures total (Attack Schedule B) ("also see debts and loans below): Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report belence must be zero) .. ŝ "UNPAID BELLE (From Schedule D - Attach Schedule D)... "IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .. "OUTSTANDING LOADIS (From Schedule F - Attach Schedule F)... YES NO CONSULTANT SEGANDOWN (Schedule @ Attached?) CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) STATE COMMITTEES. Submit a reconciled comparin account bank statement in Jenuary of each year.

For instructions, See Back of Form

CONTRIBUTIONS — MONEY TAKEN IN (Including candidate's personal farids)

2.	F	-

SCHEDULE	
A	4
(Rev. 07/03)	

MONETARY RECEIPTS

CHECK THIS BOX IF AMERICANG FORM

COMMITTEE NAME (Must be same as on Statument of Organization) FRAISE-FOR-SENATE

STATE CANDIDATES MOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAG (POLITICAL ACTION COMMITTEE) LIST THE PAG (DINTIFICATION NUMBER AND THE PAG CHECK NUMBER IN THE DESIGNATED COLLIMIN. A LIST OF 10 NUMBERS IS AVAILABLE FROM THE IONIA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD HINTEDIATELY CONTACT THE BOARD.

CAUTION: Section 888.32A(6), prohibits the use of information copied from reports and eletements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

RECEIVED (MMOD/YR)	PAC'E) NUMBER (# applicable) AND PAC CHECK MUMBER	MANIE AND ADDRESS OF CONTRIBUTOR	TO CANDIDATE* (f applicable)	AMOUNT	√ IF FOR FUND- RAISER INCOME
1/2/8	CKS	J. Weber 3313 HWY 8 DYSAART JA, 52224		2500	
1/14/8	CK# 2337	DYSAART JA: 52224 MONSANTO CITIZENSHIP 800 N. LINDBERGHI BLUD, FUND ST. LOUIS, MO 63/67	18. 18. 18. 18. 18. 18. 18. 18. 18.	5000	
1/28/8	OK# 1/02	TOWA HARNESS HORSEMAN'S  P.O. BOX 107  GRINNELL, IA 50112		15000	
1/28/8	CK# 601	I AAMB PAC H949 WESTOWN PWKY STE 165-111 W.DES MOINES IA 50.266-870	<b>Ž</b>	1500	
	CK#	-BANK PILOT INTEREST- BANK		25-24	
	CK#				
	CKS				
	CIG		t excession of		
	CIGE				
	(D# CK#		SUBSTOLAL	10.4(2)	

TOTAL (If lost page of this schedule)

Pege of (for Schedule A)

<sup>\*</sup> Disclosure law requires constitute committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consequinity (black relatives) and attacky (relatives by marriage). If surname of contributor is the same as carefidate, just there is no.

familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

## EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEMICE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE ISENTIFICATION REMINIST IN THE DESIGNATED COLLISIN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS IS CAMPAIGN DISCLOSURE SOARD.

B MONETARY
PREV. 07703) EXPENDITURES

CHECK THIS BOX IF

**AMENDING FORM** 

COMMITTEE MANSE (Must be same as on Statement of Organization)

FRAISE- FOR- SENATE

DATE EXPENDED (MM/DDYR)	CANDIDATE ID NUMBER (Fappicable) AND PAC CHECK HUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACT)		
1/25/08	CK# 1335	BURLINGTON : HAWKEYE P.O. BOX 10 BURLINGTON, IA 5	RewspapeV	\$ 174	00
	CKG			·	
	CK#			·	
	CKS	•			
	ID# CK#				
	CK#				
	CIGE				
	1D# CK#			US-TOTAL \$ 1-7-lead	

TOTAL (If lest page of this schedule)

174.00

## THIS BOX APPLIES TO CANDIDATES CONSETTEES ONLY:

Purchases of cartain campaign properly costing \$500 or more must also be invested on Schedule H. (Refer to Schedule H instructions.)

Expenditures to personalentation providing consulting, advertising, fund-raising, polling, managing, organizing convides must also be detail itemized on Schodule G by the emount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schodule G trainscions and lowe Codo 664.402(5)(6).)

Pege\_\_\_\_or\_\_

(for Schedule B)